

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

DISTRIBUTION	
DATE	
BY	
AND OFFICE	
OPERATOR	

Indicate Type of Lease	
State <input type="checkbox"/> <input checked="" type="checkbox"/>	YX
State Oil & Gas Lease No.	

SUNDY NOTICE OF REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO ABANDON, PLUG BACK TO A DIFFERENT RESERVOIR, OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PLUG BACK TO A DIFFERENT RESERVOIR" (C-101) FOR SUCH PROPOSALS.)

<input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
8. Form or Lease Name Amenal Hess Corporation	8. Form or Lease Name E. W. Walden
9. Well No. Drawer "D", Monument, New Mexico 88265	9. Well No. 31
10. Location of Well N 729 FEET FROM THE South LINE AND 2053 FEET FROM West SECTION 15 TOWNSHIP 22-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Brunson-Ellenburger
11. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Plan to: Kill well with treated water, pull production equipment and set retrievable bridge plug above productive TUBB Zone. Perforate 150' above existing cement top and squeeze. Run temperature survey, drill out cement, test squeeze and recover bridge plug. Re-run production equipment and place on production.

The above to comply w/Order No. R-5003.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>MD Black</u>	TITLE <u>Supver., Admin. Services</u>	DATE <u>9-18-75</u>
APPROVED BY <u>John R. Ryan</u>	TITLE <u></u>	DATE <u>SEP 22 1975</u>
CONDITIONS OF APPROVAL, IF ANY:		